DEC 1 0 2021

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

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1. TITLE OF NEWSPAPER Avon Clarion			^{2. DATE} 9/28/21	
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52		3B. ANNUAL SUBSCRIPTION PRICE \$ 45 In State/\$50 Out	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)				
(Not printers) 209 S Main Avenue, Wagner, S		•	* 555**	
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE				
PUBLISHER (Not printers) 209 S Main Avenue, Wagner, S				
6. FULL NAME OF PUBLISHER: Barbra A. Pechous				
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding I percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.				
FULL NAME COMPLETE MAILING ADDRESS				
Barbra A. Pechous 209 S Main Avenue, Wagner, SD 57380				
 KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. 				
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. CO EACH ISSUED PRECEDI	NG 12	ACTUAL NO. COPIES ISSUED AREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		MONTHS 800		555
B.PAID AND/OR REQUESTED CIRCULATION				
 Sales through dealers and carriers, street vendors, and counter sales. 		44		39
Mail Subscription (Paid and or requested)		614		445
3. Paid Electronic Copies		0		30
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		658		514
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		30		20
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0		0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		689		534
 F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing 		107		21
2. Return from News Agents		0		0
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		800		555
Statement must be signed by	Publisher, Business Mana	ger, or Owner in the	presence of	a Notary Public
I swear that the statements made by me are true, correct, and complete:				
Bart 1				
Duni Baron			neu	
(Signature) (Title)				
Sworn to before me this day of ch, 20				
State of South Dakota)		Karens Sculch		
county of Charles Miy)		Notary Public		
	My commission expires: 3-11-2023			